

am sure added greatly to the enthusiasm of the meetings. Although it never rained harder in San Jose than it did the last two nights of his lecture, the attendance did not fall off. The entire profession are loud in their praise of the undertaking, and at a meeting of the association last evening it was voted to make such an event an annual affair. A suitable name for these lectures will later be adopted.

"Dr. MacCarty gave the following lectures: Tuesday evening, February 9, The Cancer Cell and Nature's Defensive Mechanism; Wednesday evening, Gastric Ulcer and Cancer of the Stomach; Thursday evening, Bone Tumors; Friday evening, The Biological Conception and Classification of Neoplasms and Diseases of the Gall-bladder.

"Between thirty and forty physicians from the San Francisco bay district attended the lectures."

St. Luke's Hospital—The regular meeting of St. Luke's Hospital Clinical Club was held on Thursday, March 4, at noon, Dr. Rosburg introducing the speaker of the day, Thomas E. Gibson, who spoke on "The Diagnosis of Adrenal Tumors." The adrenals were first discussed from the viewpoint of normal and abnormal physiology, a very comprehensive classification under the latter heading being given.

Among the conclusions drawn by Gibson from his intensive study of the subject were the following: A differential diagnosis of adrenal tumors can be made, as a rule, by their clinical manifestations, a urological investigation in addition being of decided value.

Cortical tumors of the adrenal produce characteristic changes in the sexual sphere, the change in both sexes being toward the adult male type; they may occur at any age, being as frequent in infancy and childhood as in adult life.

The common tumor of the cortex is carcinoma (adrenal hypernephroma).

Pigmentation occurs in cortical tumors in only a small percentage of cases, and never in medullary tumors. Hypertension appears to be a fairly constant symptom, particularly in the young.

The common medullary tumor of the adrenal is the "neurocytoma" or sarcoma. It is of two types—the Hutchinson and the Pepper—the first being characterized by early metastasis to the orbit, usually to the side on which the tumor is located, the second by rapid enlargement of the abdomen, due to metastasis to the liver.

The prognosis is almost invariably bad and the course rapid. Treatment is purely surgical.

The comparative rarity of their incidence brought out the interesting statistical fact that out of 46,265 admissions at the University of California Hospital, between July, 1913, and January, 1926, but eight were recorded as adrenal tumors, and but three were proved primary adrenal tumors.

Morris Herzstein Lectureship—The first course of two lectures under the Morris Herzstein Lectureship on diseases of the Pacific Basin, including tropical diseases, will be given by Dr. Henry S. Houghton, the director of the Peking Union Medical College, and an authority on tropical diseases, during the week beginning April 25, at Lane Hall of the Stanford University Medical School, Sacramento Street near Webster, at 8 p. m. Monday, April 26, and Wednesday, April 28, have been tentatively selected as the dates for the lectures.

Dr. Houghton's first lecture will be a discussion of the setting of Western medicine in Asia, and its significance in the promotion of international well-being from various points of view. His second lecture will be a more detailed and specific talk on noso-geography and on the work that is being done in China. The medical profession and all medical students are cordially invited to attend these lectures.

When I have one of Harvard's robust graduates come to me and loudly say, "I am a red-blooded man; I want to know why the football team doesn't win," I cannot help recalling what the physiologists say—that human blood is most red where it has not been through the brain.—President Lowell of Harvard.

READERS' FORUM

Selected short letters and abstracts from longer communications from readers are published when they remain within the bounds of decorum and law and contribute anything of value. Hereafter the name and address of the writer will be given. A pen name will be published on the author's request, and letters to the editor not intended for publication should be marked "personal."

Langley Porter, who has been abroad for the past year, recently registered in England, using his F. R. C. S. as credentials.

Shortly thereafter he received from the British Medical Association a letter (evidently sent to all new registrants) that contains so much food for reflection that much of it is reproduced without further comment:

1. At the outset of your professional career we wish to extend to you a very warm invitation to become a Member of the British Medical Association. We do so with the more confidence because the Association offers its members not only certain material advantages, but an opportunity of service to the profession and to the public. The following paragraphs are intended to give you the grounds upon which we base this claim, and also a general idea of the nature and scope of the work of the Association.

2. Every profession and calling has found it essential to have an organisation. The stronger the organisation, the higher the status and influence of that calling. Amongst such professional associations the British Medical Association stands in the first rank, whilst within the medical profession there is no organisation which can compare with it for size or influence. It has Divisions and Branches all over the Empire; has already a membership of over 30,000; and aims at enrolling every reputable member of the profession.

3. Thus by joining the Association you will become a member of a world-wide organisation. Wherever you may go in the British Empire you will find yourself a Member of a local unit of the Association, and the very fact of your membership will indicate to the practitioners amongst whom you settle that you are prepared to play the game, and so serve as an introduction to useful and agreeable acquaintanceships.

ACTIVITIES OF THE ASSOCIATION

4. One of the main objects of the Association is the advance of the science and art of medicine. To this end the Association publishes the British Medical Journal, which, as one of the leading Medical Journals of the world, is essential to all who desire to keep abreast of current knowledge in the fields of medical work. In addition, the Journal contains a Supplement which deals weekly with matters of economic and medico-political interest. Members of the Association receive the Journal and the Supplement free each week, and it is cheaper to obtain it in this way than to buy it through trade channels.

5. A jealous watch is kept on all advertisements offered for publication in the Journal, to ensure that no principle laid down by the Association is infringed. Advertisements which are unsatisfactory from this point of view are refused. This is particularly important in connection with advertisements of appointments which do not offer the conditions considered necessary by the Representative Body of the Association in the interests alike of the profession and of the individual practitioner.

6. For the stimulation of individual research the Association awards a considerable sum annually in respect of research scholarships and grants. It has also a Library containing over 30,000 volumes, including every important new medical work in the English language. Members can borrow books in all branches of medical literature and general science from the Lending Department of the Library on payment of postage, and they are also entitled to free use of the Library, where they may write or receive personal letters.

7. The Association holds Annual Meetings at which papers by Members eminent in their various subjects are read and discussed, and as a Member of the Association you will be entitled to attend these meetings and take part in the discussions. Not only do the Annual Meetings

deal with matters of scientific importance, but they are also a means of bringing you socially into contact with your professional colleagues.

8. Whatever branch of professional life you decide to pursue, you will find the Association watchful and active on behalf of its Members. For example, the Association has secured great advantages for Insurance practitioners and is vigilant as to the interests of its Members who are in the service of Local Authorities, the Services, or similar bodies. The special interests of newly qualified practitioners are continually under review by means of a Committee.

9. The Association is recognised by the Government and Local Authorities as the representative organised body of the profession. Its business is to protect the interests of all medical practitioners and speak and act in their name.

10. The Association has an expert staff whose advice and help are at your service, and who, under the direction of the Council and the Committees of the Association, carry on, in co-operation with the Honorary Officers of the Divisions and Branches of the Association (of whom there are several hundreds), the work of organising the profession throughout the Empire.

11. The local units (Divisions and Branches) meet for social and scientific purposes and also to discuss questions of medical policy, both local and general, and as a Member you will be able to influence these discussions and decisions by your voice and vote.

12. There is no organisation more democratic than the British Medical Association, and none which is more ready to welcome members who desire to work for the good of the profession. It offers the individual practitioner more opportunity of influencing medical politics than does any other existing medical organisation. You may hear unfavourable criticism of the Association, but you will generally find that it comes from people who have never themselves done any work in the interests of the profession, and are not even content to let others do it.

NEW CENTRAL HOUSE OF THE ASSOCIATION

13. Owing to the steady increase of its membership and of its work for its Members, collectively and individually, the Association has found it necessary to secure larger premises, situated in Tavistock Square, W. C. 1. In the new building recently opened by His Majesty the King, various new facilities are being provided for the convenience and comfort of Members, including something in the way of club accommodation.

M. O. R. C.

Ninth Corps Area—California, Nevada, Utah, Wyoming, Montana, Idaho, Washington, Oregon, and the territory of Alaska.

Salt Lake County Medical Society held an enthusiastic Medico-Military meeting recently. Many of the members appeared in uniform.

Reports were made by Colonel S. C. Baldwin on General Hospital No. 61; Lieutenant-Colonel C. M. Benedict on Station Hospital No. 136; Major C. L. Sandberg on Hospital Train No. 1, and Major S. C. Gurney on Medical Regiment No. 329.

Papers were read by S. C. Gurney, J. Gregg Smith, and T. A. Flood. The society is much interested in the M. O. R. C. movement. They have semi-monthly study meetings—under Major Gurney—which are well attended, and they are making provisions for an annual Medico-Military meeting.

Salt Lake City and the state of Utah are in the lead in M. O. R. C. matters. Colonel E. L. Munson reports that "if all states did as well as Utah the M. O. R. C. would be oversubscribed."

The following-named Medical Corps reserve officers are assigned to the units as indicated below and to duty within the units as indicated after their respective names:

To General Hospital No. 30, Communications Zone:

Major Stanley E. Straube, U. S. V. Hosp. No. 102, Livermore, Calif., as Assistant to Chief of Medical Service.
First Lieutenant Edward A. Amaral, Milpitas, Calif.

(Temp. Add. until July 1, 1926, St. Mary's Hosp., St. Louis, Mo.), as Medical Ward Officer.

First Lieutenant Frederick H. Olberg, Redwood Coast Hosp., Ft. Bragg, Calif., as Medical Ward Officer.

First Lieutenant Samuel B. Randall, University Hospital, San Francisco, Calif., as Medical Ward Officer.

First Lieutenant Kenneth H. Sutherland, San Luis Obispo, Calif., as Medical Ward Officer.

To General Hospital No. 35, Communications Zone:

Major John F. Chapman, 1070 North Chester Avenue, Pasadena, Calif., as Assistant to Chief of Surgical Service.

Major Edward D. O'Neill, First National Bank Building, Whittier, Calif., as Assistant to Chief of Surgical Service.

Major Charles M. Tinney, U. S. V. Hospital No. 64, Camp Kearney, Calif., as Roentgenologist.

To General Hospital No. 46, Communications Zone:

Major Frederick E. Diemer, 301 Medical Dental Building, Los Angeles, Calif., as Roentgenologist.

To General Hospital No. 47, Communications Zone:

Lieutenant-Colonel James F. Percy, 1030 South Alvarado Street, Los Angeles, Calif., as Chief of Surgical Service.

Major Neville E. Stewart, U. S. V. Hospital No. 24, Palo Alto, Calif., as Assistant to Chief of Surgical Service.

Major Frank M. Whiting, 322½ Myers Street, Oroville, Calif., as Roentgenologist.

To General Hospital No. 138, Zone of the Interior:

Major John Y. Bartholomew, 602 Funston Avenue, San Francisco, Calif., as Assistant to Chief of Medical Service.

Major Gordon L. McLellan, 932 106th Avenue, Oakland, Calif., as Assistant to Chief of Surgical Service.

Major Ernest E. Wilson, 916 The Alameda, Berkeley, Calif., as Roentgenologist.

First Lieutenant William H. Jones, 64 Broadway, Los Gatos, Calif., as Medical Ward Officer.

First Lieutenant Ernest E. Myers, 800 Church Street, San Francisco, Calif., as Medical Ward Officer.

First Lieutenant George B. Setzler, 311 Middlefield Road, Palo Alto, Calif., as Medical Ward Officer.

First Lieutenant James M. Sullivan, 3116 Sixteenth Street, San Francisco, Calif., as Medical Ward Officer.

To General Hospital No. 139, Zone of the Interior:

Major Claude E. Piersall, 17 North Virginia Street, Reno, Nevada, as Roentgenologist.

To General Hospital No. 140, Zone of the Interior:

Lieutenant-Colonel Fred C. Shurtleff, 709 Brockman Building, Los Angeles, Calif., as Chief of Surgical Service.

Major Jesse M. Burlew, 800 North Broadway, Santa Ana, Calif., as Assistant to Chief of Surgical Service.

Major John S. Fox, 1922 Crenshaw Boulevard, Los Angeles, Calif., as Executive Officer.

Major George S. Murphy, 6677 Venice Boulevard, Culver City, Calif., as Assistant to Chief of Surgical Service.

Major Alfred R. Rogers, 966 South Wilton Place, Los Angeles, Calif., as Assistant to Chief of Surgical Service.

Major Earl H. Welcome, Downey, Calif., as Assistant to Chief of Medical Service.

Captain Elmer J. Lambert, 1001 Chapman Building, Los Angeles, Calif., as Medical Ward Officer.

Captain John S. McAtee, 1800 West Sixth Street, Los Angeles, Calif., as Medical Ward Officer.

Captain Seth H. Miles, Olive View, Calif., as Medical Ward Officer.

Captain Edwin R. Scarboro, P. O. Box 752, Lindsay, Calif., as Surgical Ward Officer.

Captain Preston W. Whitaker, 762 Friar Street, Van Nuys, Calif., as Medical Ward Officer.

First Lieutenant Nelson D. Widmer, Ninth and San Antonio Avenues, Upland, Calif., as Medical Ward Officer.

To General Hospital No. 142 (La Garde), Zone of the Interior:

Lieutenant-Colonel Ralph Hagan, 758 South Lake Street, Los Angeles, Calif., as Chief of Surgical Service.

Lieutenant-Colonel Elliott P. Smart, Olive View Sanatorium, Olive View, Calif., as Chief of Medical Service.

Major Walter E. Cary, 1156½ West Twenty-fifth Street, Los Angeles, Calif., as Assistant to Chief of Medical Service.

Major Guy F. Robinson, U. S. V. Hospital No. 64, Camp Kearney, Calif., as Executive Officer.

Major Arthur E. Shappell, 3529 Roseview Avenue, Los Angeles, Calif., as Assistant to Chief of Surgical Service.

Major Robert G. Sharp, 4235 Jackdaw Street, San Diego, Calif., as Assistant to Chief of Medical Service.

To General Hospital No. 143, Zone of the Interior:

Major Neils P. Paulsen, 31 West First Street, Logan, Utah, as Assistant to Chief of Surgical Service.

Major Frederick W. Taylor, 147 South University Avenue, Provo, Utah, as Executive Officer.

To General Hospital No. 144, Zone of the Interior:

Lieutenant-Colonel Harry N. Mayo, 615 W. P. Story Building, Los Angeles, Calif., as Chief of Surgical Service.

Major John P. Gilmor, 368 Spreckels Building, San Diego, Calif., as Assistant to Chief of Surgical Service.

Major Charles N. Greusel, P. O. Box 52, San Bernardino, Calif., as Assistant to Chief of Surgical Service.

Major John A. Hale, 6110 Eileen Street, Los Angeles, Calif., as Executive Officer.

Major Henry H. Koons, 1122 Lake street, Los Angeles, Calif., as Assistant to Chief of Medical Service.

Major Philip C. Means, 103 East Micheltorena Street, Santa Barbara, Calif., as Assistant to Chief of Medical Service.

To Eighty-first Evacuation Hospital, Third Army:

Captain Franz H. Brandt, 256 South Arden Street, Los Angeles, Calif., as Surgical Ward Officer.

To Eighty-ninth Evacuation Hospital, Sixth Army:

Colonel Henry W. Hoagland, 528 Pacific Southwest Bank Building, Pasadena, Calif., as Commanding Officer.